

## Burglary Claim Form

<b>1. PARTICULARS OF POLICYHOLDER</b>			
Policy No.			
Insured			
Business Address			
Contact Details (Telephone, Fax & Email)			
<b>2. DESCRIPTION OF BURGLARY</b>			
When did Incident occur? Please indicate which day, date, and hour.			
Where (premises) did Incident occur?			
When discovered and by Whom?			
Was the premises forcibly entered? If so, please state how the entrance was breached			
If the premises was not forcibly entered, what evidence is available to proof burglary have been committed?			
Was the premises thoroughly searched for the missing items? Let us have details.			
When was the Police notified? Let us have a copy of the Police Report.			
Was there any CCTV recording the chain of event? If so let us have a copy of the recording.			
Were the premises occupied at the time of incident? If not, on what date and time were the premises last occupied?			
If premises were unoccupied at the time of incident, let us know the duration of occupancy since inception/renewal of the policy.			
Is Insured the Property Owner? And whether Insured is responsible for repair work to the damaged property?			
What Preventive Action was taken?			
Have Insured ever before sustained loss by burglary? If so, please let us have us details.			
<b>3. OTHER INSURANCE</b>			
Are there any other insurances effected by you or by any other person covering the loss or any part thereof? if so, please indicate below:-			
Insurance Company	Policy No	Period of Insurance	Amount Insured

4. DESCRIPTION OF LOSS ITEM					
A Burglary Policy being a contract of INDEMNITY, all claims must be based upon the actual value of the articles at the time of the loss, due allowance being made for depreciation and wear and tear.					
Full description of Article stolen or property damaged beyond repair	To whom the article or property belonged	From whom purchased or received (Name and address) Receipts or vouchers should be attached	Date purchased or received	Cost (SGD)	Deduction for depreciation and wear & tear
Total					
Deduction for Depreciation and Wear and Tear					
Net Amount Claimed (SGD)					
5. REPAIRABLE PROPERTY					
Property damaged in the incident that can be repair, please provide estimates from vendor/tradesmen					
Full Particulars of damaged but repairable property	Vendor/Tradesmen			Cost (SGD)	
Total Amount (SGD)					
6. DECLARATION					
<p>I/ We declare that the above information described is true and complete of the foregoing particulars in every respect and that the articles and property described belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise. I/We agree that if I/We have made, or if I/We shall make, any false or untrue statement, suppression or concealment, my/our right to compensation shall be absolutely forfeited.</p> <p>I / We hereby acknowledge, consent and agree that:-</p> <ul style="list-style-type: none"> <li>MS First Capital Insurance Limited (MSFC) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as MSFC deem relevant for the purposes as contemplated in this form including but not limited to policy servicing, processing, investigating, handling, administering and/or settling my / our claim with MSFC or other insurers;</li> <li>MSFC may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;</li> <li>The personal data protection clauses herein ("DPC") are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Act 2012, the latter shall prevail;</li> <li>If I / we provide third parties' personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to MSFC, I / we represent and warrant to MSFC that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Act 2012; and</li> <li>I / We shall indemnify MSFC for all losses and damages which may be suffered by MSFC arising out of the breach of the declarations, representations and/or warranties herein.</li> </ul>					
Policyholder/Insured's Representative Name/Designation			Signature of Policyholder/Insured's Representative		
Policyholder/Insured's Company Stamp			Date		